

Direct Care Worker - Training and Testing Programs

Direct Care Worker (DCW) Training and Testing Program - Year One Audit Tool

1 Auditor Information											
1a	Auditor Organization:	<input type="checkbox"/>	AHCCCS	<input type="checkbox"/>	Brideway Health Solutions	<input type="checkbox"/>	DES/DDD	<input type="checkbox"/>	Mercy Care Plan	<input type="checkbox"/>	United
1b	Auditor Name:										
1c	Auditor Contact Number:										
1d	Audit Date:										

2 Review Criteria		<input type="checkbox"/>	Year One Desk Audit	<input type="checkbox"/>	Other
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3 Approved Program Demographic Data					
3a	Approved Program Name:				
3b	AHCCCS ID:				
3c	AHCCCS Initial Approval Date:				
3d	Contact Name:				
3e	Contact Phone Number:				
3f	Contact Mailing Address:				
3g	Approved Program Type:	<input type="checkbox"/>	AHCCCS Registered Direct Care Services Agency	<input type="checkbox"/>	Private Vocational Training Program

4 ALTCS Contractor Identification	Check Appropriate Box(s) <input type="checkbox"/>	5	Contracts - (LIST ALL)	AHCCCS ID #:	Counties
			Agency Name		
Bridgeway Health Solutions 110088	<input type="checkbox"/>	1)			
DES/Division of Developmental Disabilities 110007	<input type="checkbox"/>	2)			
Mercy Care Plan 110306	<input type="checkbox"/>	3)			
United Healthcare Community Plan 110049	<input type="checkbox"/>	4)			
Other (describe):	<input type="checkbox"/>	5)			
		6)			
		7)			
		8)			
		9)			
		10)			

PROGRAM REQUIREMENTS REVIEW

6 Policy and Procedures and Resources Standards			
		Select One	Comment - If Corrective Action or Recommendation is needed, please explain
6a	Policy and Procedure - Training Program Structure	<input type="checkbox"/>	
6b	Policy and Procedure - Test Administration/Verification and Online Database	<input type="checkbox"/>	
6c	Resources - Access to necessary space to conduct training and testing	<input type="checkbox"/>	
6d	Resources - Access to necessary equipment and supplies	<input type="checkbox"/>	

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7 Trainer Qualification Standards			
		Select One	Comment - If Corrective Action or Recommendation is needed, please explain
7a	Evidence of 92% minimum passing grade for knowledge tests		
7b	Evidence of 100% passing grade for skills testing		
7c	Evidence trainers meet the direct care experience requirement		
7d	Evidence trainers meet the adult teaching experience requirement		
7e	Evidence of "expert" or assistant qualifications		
7f	Evidence trainers were qualified prior to training direct care workers		
7g	Evidence trainers have conducted at least two training classes per year		

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CONTINUING PROGRAM APPROVAL STATUS			
8	Approved Program Status		
8a	Compliant		
8b	Compliant with Recommendations		
8c	Provisional Approval Pending Corrective Action		
8d	Denied		
9	Notifications	Auditor's Initials	Date
9a	Audit findings were sent to the Approved Program and to AHCCCS		
9b	Corrective Action Plan approved		
9c	Final status notification sent to the Approved Program and to AHCCCS		